

HEROIN AND OPIOID EMERGENCY TASK FORCE MEETING

September 30, 2015, 1:00PM-3:24PM
Wineland Building, 16 Francis Street, Annapolis, MD

PANELISTS

- Dr. Michael Finegan
- Senator Katherine Klausmeier
- Linda Williams
- Dr. Bankole Johnson
- Nancy Dudley
- Tracey Myers-Preston
- Delegate Brett Wilson
- Elizabeth Embry

INTRODUCTION

- **Brett Wilson** led the approval of the minutes with amendments, which was seconded.
- **Richard Tabuteau** explained the Open Meetings Act (OMA).
 - The Task Force violated the OMA. The Task Force was put together on February 24, and a week later its first meeting took place on March 4. We did not know about the OMA requirement, and so we did not put notice to the public and did not take minutes during the March 4 meeting. This led to minutes in the March 17 meeting noting that the March 17 meeting was the first meeting, when in fact March 4 had been the first meeting. The Compliance Board agreed that we had violated the OMA. A summarized opinion is available. The Task Force is a public body that needs to be in keeping with the OMA. The Board commended the Task Force for the information it has provided online but is asking for March 4 minutes and also requires that the March 17 notes state that March 17 was the second, not first, meeting. A majority of the Task Force members must sign this opinion and send it back to the Attorney General's Office.
 - **Dr. Johnson** asked why each member of the Task Force had to sign separately when the Task Force was appointed collectively. **Mr. Tabuteau** said the law requires it.
 - **Del. Wilson** said he would like to look into it and put it on the agenda for next time for a final decision.

WORKGROUP UPDATES

Education and Corrections

- **Linda Williams** recommended a campaign.
- Every Maryland school has a website. We should target parents as a starting point by having instructional videos explaining the disease of addiction to parents in a way they understand. It has to be honest and explain signs of physical abuse of drugs - missing spoons, lip gloss-looking items, black-tipped spoons, etc. Parents need simple explanation of the disease, how to check child's room, where to buy drug tests (grocery store), social norming that play up the positives, how to talk to their kids about drugs,

links to education i.e. brain train for kids 7-9 years old. Prevention coordinators can put up the resources that are available. A website is a private way for parents to get information, and this can be called the "Wish I Knew" campaign. All counties can do their PSAs in one clearinghouse for schools or other organizations to tap into.

- Those willing to do this:
 - Ed Clark (Executive Director for Maryland School Safety) says his office is already set up to do this kind of thing.
 - Faith-based and African-American communities are ready to work on this and know people in IT to do this.
 - Harford County Superintendent would be open to this suggestion.
- PSAs and film festivals can be pulled by any organization
- **Senator Klausmeier:** the recommendation is to involve as many people as possible in clearinghouse. In education, clear it through MSDE so it would get stamp of approval for all different school jurisdictions. I met with Billy Shreve (councilman) and Gary Riddle (pharmaceutical distributing company) on this subject. The clearinghouse does not necessarily need to be run through MSDE; it can be out of a company.
 - **Mr. Tabuteau:** who would develop the content?
 - **Ms. Williams:** we are collecting the content.
- **Rianna Matthews-Brown (DHMH):** there are some good academic institutions that may be able to help so that the videos will be founded in science.
 - **Ms. Williams:** families and parents can give credibility more than anyone else. I don't need to study the problem any longer.
- **Nancy Dudley:** we should get input from ad sector on how to craft messages. We could do the same thing: private-public partnership. A good portion of it can be funded by the private sector.
 - **Mr. Tabuteau:** make sure you put in your vision on how to implement your recommendation if you have one. Otherwise, agencies might do it however they want to.
- **Sen. Klausmeier:** make MSDE do a film for elementary, middle, and high school by working with the private sector, and those films could be used in all the school departments in different parts of the state. Other things can go through the clearinghouse; as long as someone checks accuracy.
 - **Adam Dubitsky:** maybe there's existing media that already accomplishes this.
 - **Ms. Williams:** we want something new.
- **Dr. Finegan:** the theme is peer support: collaboration. We are also talking about having empirically updated information, which is valuable. Facilitate collaboration by having individual schools integrate these messages into their projects as MSDE is already thinking of doing. What is the core critical information? This should be provided to the school systems.
- **Ms. Dudley:** what's happening in terms of implementation? Does the Task Force dissolve on December 1?
 - **Mr. Tabuteau:** in the Executive Order, there's no language that says it will dissolve.
 - **Dr. Finegan:** regardless of what the state implements, you can implement it in your locale.
- **Ms. Williams:** in clearinghouse, everybody can put in and everybody can share.

Access to Treatment/Overdose Prevention

- **Tracey Myers-Preston**

- We will be proposing a recommendation to expand SBIRT in schools.
- The State has recently transitioned the 211 line to the Crisis Hotline that has been maintained for mental health services throughout the Maryland. Tracey attended a meeting to learn more. The Crisis Line does not have all the features envisioned for the “Rapid Access to Treatment and Referral Line”. We want to take seriously the cautions shared regarding having two parallel efforts.
 - **Ms. Matthews-Brown:** the way that this hotline has been envisioned is to connect people to resources, but we don't have health insurance specialists on the line. We must make sure that people have one number they can use statewide.
- **Ms. Myers-Preston:** A survey has been developed and will be circulated to prescribers of buprenorphine in the State. We want to better assess why prescribers with waivers are not prescribing to capacity and ways to encourage better access. The committee is also looking to require all OMTs to offer all 3 medications.
- The committee would also like a full assessment of the treatment system; we don't know what exists and cannot efficiently address access without knowing the full capacity and where gaps exist. In private insurance, Massachusetts passed legislation to put medical necessity back with the treatment provider, so that it is no longer in the hands of insurance carriers.
- The committee is considering recommendations surrounding the development of a definition of network adequacy - we can write it and champion it and see how far we can get.
- Overdose prevention: trying to get a handle on if all insurance carriers are covering naloxone on their formulary. We are getting people trained, but can they access it? And what's the cost with their insurance? We need much easier access to training. DHMH has information in their recommendations that we would like to advance. Parents have to go to lengthy training programs, but it is not that complicated: compare to EpiPen.
- There are several access issues that are workforce-related and overlap with Dr. Johnson & Nancy Dudley's workgroup. Tracey will share recommendations.
- There is a new regulatory task force that is looking at all the regulations. I don't think they anticipate looking at behavioral health regulations, but it would be really helpful if they did.

- **Dr. Finegan**

- Worked hard with faith-based communities, ER, prisons, state's attorneys, sheriffs, state police. Tried to find bottlenecks. This led to 40-45 recommendations that we boiled down to what could be really implemented. These are drafts - please rip them apart; I am open to changes.
- Experienced nurses in Labor and Delivery unit are saying that they have to wait to see if child is going through withdrawal. They don't have adequate information at a regional center.
- **Mr. Tabuteau:** October 13, Hyatt in Cambridge from 10-1 deals with regulations.

- **Dr. Johnson:** I commend you on the report. It is very thorough and well done.
- **Sara Cherico-Hsui:** Neonatal Abstinence Syndrome - working how to identify babies in withdrawal among hospitals - happening in November.

Quality of Care/Workforce Development

- **Dr. Johnson**
 - If well-educated parents have problems, this is not a simple issue of just telling someone how to do the right thing.
 - We have 8 recommendations, but the important thing is that we believe that a lot is broken in the system.
 - We need input from the public and awareness of stakeholders.
 - We can propose a center for prevention and treatment center at the cabinet level as part of the Governor's Office and Task Force. This center would put together recommendations into policy.
 - **Mr. Tabuteau:** GOCCP can also take this on.
 - Adopt SAMHSA's definition of recovery and make it clear so that we have one uniform policy that is backed by the federal government.
 - Adopt SAMHSA's Recovery-Oriented Systems of Care (ROSC) framework.
 - Make a mandatory minimum standard people can be held to.
 - Have some kind of supportive housing. There is so much social deprivation.
 - Need pilot test of adoption of integrated screening tool.
 - Have reciprocity with addiction experts in other states. We can have the best come in. Use not just psychiatrists, but other providers of mental health.
 - **Ms. Myers-Preston:** Medicaid Type 20 and Type 50 billing restrictions are creating barriers to treatment. This must be addressed so that programs can bill for the primary care services.
 - Reciprocity is an important issue that must be addressed. A workforce recommendation requiring the Board of Professional Counselors and Therapists to develop a policy will support jurisdictions hiring. There is a serious workforce crisis and not being allowed to hire professionals from near-by states is problematic.
 - **Dr. Finegan** discussed the need to expand the number of psychiatrists and wondered if Dr. Johnson would be supportive of psychologists getting prescription privileges.
- **Elizabeth Embry**
 - We have teamed up with GOCCP.
 - There is a huge gap in intelligence sharing: law enforcement is very protective; mechanisms for sharing not uniformly effective. HIDTA, DA, MSP, police, prosecutors have intelligence; the consensus is that HIDTA is best for housing data. But (intel?) not being utilized by all local law enforcement.
 - **Mr. Dubitsky:** MSP has intelligence expertise. Having their folks on the ground would take them away from the large busts. The locals have the intel on the ground, and MSP has intelligence resources and services.
 - Prescription drugs: developing proposals in terms of legislative proposals to strengthen and mandate use of PDMP by dispensers and prescribers. Want law enforcement to be able to respond to data from PDMP. Right now they can't

consider the trends and outliers within PDMP data.

Drug Courts/Reentry

- **Del. Wilson**
 - See Hope Services in Hawaii
 - Family drug court through DSS is a different way to use courts to keep family together. This would reduce the cost of foster care and increase resources to family up front.
 - Day report centers: met with people from Pew Research Foundation working on the Justice Reinvestment Initiative. Trying to utilize any savings they can come up with to fund day report center at the county level. We can use this as a transitional type program for people coming out of prisons. At the local level, the report centers can be a complete pass-through for drug offenders who are willing to attend the program pretrial instead of getting a criminal conviction. For day report centers to work, DHMH must be involved. A trial initiative in one county with some help from GOCCP would be good. DHMH can partner with a local sheriff department and county administrative to help put program together and see how it works and how expensive it would be.
- **Dr. Finegan:** want to have data from every county on juvenile arrests by calendar year - it's not true that there's a decrease of arrests in each county as some say.

LOOKING FORWARD

- **Mr. Tabuteau:** The next meeting is on October 15. DJS will be there. We will also be discussing PDMP. DHMH will go through data. October 30 is the due date for draft preliminary recommendations. November 4 we will be meeting again in person to flesh things out. November 12 is the due date for the final report.